

HARWICH RECREATION & YOUTH PROGRAM REGISTRATION

FEE _____ AGE** _____ GRADE _____

PROGRAM _____

SESSION #(s) _____

DAY/TIME _____

CHILD'S NAME _____

PRINT PARENT/GUARDIAN NAME _____

ADDRESS _____

CELL PH# _____

HOME PH# _____

EMERGENCY CONTACT:

NAME _____

CELL# _____

SPECIAL LIMITATIONS, CONCERNS OR ALLERGIES: _____

MEDICAL RELEASE

I AUTHORIZE THE HARWICH RECREATION STAFF TO SEEK MEDICAL ASSISTANCE IF NECESSARY. I UNDERSTAND THAT I, AS A PARENT/GUARDIAN, NOT THE HARWICH RECREATION & YOUTH DEPARTMENT, WILL BE RESPONSIBLE FOR ANY MEDICAL EXPENSES NECESSARY DURING PROGRAM HOURS OR AFTERWARD, AS A RESULT OF INJURY DURING PROGRAM.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

CHILD'S INFORMATION:

EYE COLOR _____ HAIR COLOR _____

SEX _____ HEIGHT _____ WEIGHT _____

BIRTH MARKS _____

ONE CHILD & ONE PROGRAM
PER REGISTRATION PLEASE

RECREATIONAL AND VOLUNTEERS ACTIVITIES RELEASE FORM

I, the undersigned _____
do hereby consent to my participation
in voluntary or recreation programs of the Town/City of Harwich.
I also agree to forever release the Town/City of Harwich, and all
their employees, agents, board members, volunteers and any
and all individuals and organizations assisting or participating in
any voluntary or do hereby consent to my participation or my
childs, in voluntary or recreation programs of the Town/City of
Harwich ("the Releasees") from any and all claims, rights of action
and causes of action that may have arisen in the past, or may
arise in the future, directly or indirectly, from personal injuries to
myself or property damage resulting from my participation in the
Town/City of Harwich voluntary activities or recreation programs.

I also promise, to indemnify, defend, and hold harmless
the Releasees against any and all legal claims and proceedings of
any description that may have been asserted in the past, or may
be asserted in the future, directly or indirectly, arising from
personal injuries to myself or property damage resulting from
participation in the Town/City of Harwich voluntary activities or
recreation programs.

I further affirm that I have read this Consent and
Release Form and that I understand the contents of this Form. I
understand that my participation is voluntary and that I am free to
choose not to participate in said programs. By signing this Form, I
affirm that I have decided to participate in the Town/City of
Harwich as a volunteer or in its recreation programs with full
knowledge that the Releasees will not be liable to anyone for
personal injuries and property damage that I may suffer in
voluntary activities in the Town/City of Harwich or their recreation
programs.

Print Name:
Parent or Guardian or Participant

Signature:
Parent or Guardian or Participant

Print Student's/Participant's FULL Name

EMAIL ADDRESS

For Office Use Only

Payment/Method/Date

Session 1 _____

Session 2 _____

Session 3 _____

Session 4 _____

Notes: _____

All payments are to:
Town of Harwich

Please deliver registrations
& any accompanying
documentation to:

Harwich Recreation -
100 Oak St, Harwich, MA 02645